

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/12/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155566		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 04/08/2011	
NAME OF PROVIDER OR SUPPLIER  WARSAW MEADOWS CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 300 E PRAIRIE ST WARSAW, IN46580			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for a post survey revisit (PSR) to the investigation of complaint IN00086985 completed on 3/7/11.</p> <p>This visit was in conjunction with the recertification and state licensure survey.</p> <p>Complaint #IN00086985 - Not Corrected</p> <p>Survey dates: April, 4, 5, 6, 7, 8, 2011</p> <p>Facility number: 000359 Provider number: 155566 AIM number: 100274920</p> <p>Survey team: Tim Long, RN, TC Julie Wagoner, RN (April 4, 5, 6, 2011) Angie Strass, RN Carol Miller, RN</p> <p>Census bed type: SNF/NF: 68 Total: 68</p> <p>Census payor type: Medicare: 9 Medicaid: 45 Other: 14 Total: 68</p> <p>Sample: 15</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0226 SS=D	<p>This deficiency also reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 4-14-11 Cathy Emswiller RN</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Based on record review and interview, the facility failed to follow the facility policy to thoroughly investigate an allegation of abuse for 1 discharged resident in a sample of 2 closed records reviewed. [Resident 72}</p> <p>Finding includes:</p> <p>Review of the closed clinical record for resident #72 on 4/8/11 at 9:45 a.m., indicated the resident was admitted to the facility on 11/11/10 with diagnoses including, but not limited to, abscess of the spine, osteomyelitis, and depression.</p> <p>Review of the record indicated a "concern form" dated 11/12/10. The form indicated the following: "On November 12, 2010 at approximately 10:30 a.m. I was sorting thru my laundry in my closet when I clearly overheard and listened to a conversation about myself held by nurse (#6) at our nurses station regarding her</p>			F0226	<p><b>F226 483.13(c)</b> <b>DEVELOP/IMPLEMENT</b> <b>ABUSE/NEGLECT POLICIES</b> It is the practice of Warsaw Meadows Care Center to develop and implement policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of property. I. Resident #72 no longer resides in the facility. Upon realizing this concern was voiced, the facility attempted to contact the discharged resident to investigate, however the address left with the facility was not valid. An investigation was completed with facility personnel including nurse #6. This was misquoted on the CMS-2567, nurse #6 actually is nurse #5. The allegation was unsubstantiated. The Social Services Director who received the concern has been out of the facility since January on FMLA. Prior to returning to work she will be re-educated on the facility policy regarding reporting and investigating abuse allegations. II.</p>		05/03/2011

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	<p>feelings about me along with my care and financial status at Warsaw Meadows. The conversation was as follows, "Look at (Resident #72) this is f-----bullshit, his back is f---d up and he takes the same medications another resident does and I am sick of it. I'm just not going to do it anymore, look, he doesn't even pay us, I think the state does, but he hasn't at all, he shouldn't take ---med or ----med otc (over the counter) ----- I have been approached by resident's who asked why (nurse #6) doesn't like me, and how I had better watch it. I defended (nurse #6) by telling the resident's they were mistaken. At this time I wish this young lady to not be part of my care and wish to allow this to be handled, without prejudice, with dignity followed by an apology at this level of management by her. I feel violated, I am uncomfortable, and my nerves are shot."</p> <p>Interview with the Director of Nursing on 4/8/11 at 1:00 p.m. indicated she did not handle this incident and that the Social Service Director was responsible for the concern form. The Social Service Director was not available to interview regarding this resident's concerns, as she was on vacation. The Director of Nursing indicated she could not find information concerning this issue.</p>				<p>All residents have the potential to be affected. This is being addressed by the systems described below. III. The abuse policy has been reviewed and found to be thorough and complete. The facility has conducted directed inservice re-education regarding abuse. After May 3, 2011, facility personnel were not permitted to work until the training was complete. A meeting was held with the Resident Council to inform them of their rights regarding abuse and abuse prevention. The facility policy regarding reporting, investigating, protection of the resident, and resolution of the concern were discussed to further ensure understanding. In addition the facility has scheduled a minimum of quarterly inservice training for facility personnel regarding abuse prevention and reporting. IV. The Administrator or her designee is conducting staff interviews regarding the facility's abuse prevention program. A random selection of 5 facility personnel will be interviewed weekly for 30 days then monthly for 6 months regarding abuse prevention with focus on reporting. Any personnel who does not respond appropriately will be taken off the schedule until re-education is successful. The Social Services Director or her designee is completing interviews of the residents regarding abuse</p>		

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	This federal tag was cited on 3/7/11 and related to complaint IN00086985. The facility failed to implement a systemic plan of correction to prevent recurrence.  3.1-28(a)				prevention. A random selection of 5 residents will be interviewed weekly for 30 days, then monthly for 6 months to ensure that there are no unreported abuse allegations. The Social Services Consultant will review the facility grievance/concern log during routine facility visits to assist in monitoring. Results of the QI audits will be reviewed monthly by the Quality Assurance Committee to ensure continued compliance.		